

GIVING FORM

Preferred payment method:

Check Credit card Office to check if by Phone

Date: _____

Enclosed is my check made payable to the Children's Village and Family Services Agency

OR

Please charge this one time gift in the amount of \$ _____

Mastercard Visa Other _____

Card number: _____ Exp. date: _____

Cardholder name: _____

Cardholder Address: _____

Contact Phone or email: _____

Cardholder signature: _____

If this gift is a Memorial or Honorarium:

In Memory of: _____

In Honor of: _____

Occasion: _____

Please acknowledge: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

My name is: _____ Phone or email: _____

Please Sign Card From: _____

My Address is: _____ City: _____ State: _____ Zip: _____

**Please send this form to: Children's Village and Family Services Agency
By Mail to: P.O. Box 6564--Tyler, TX 75711-6564 or By Fax to: 903-592-7506 or scan to email:
kathy.s@childredivillageoftexas.org**

For additional information, email or call the office at (903) 592-3421

**Should you elect to initiate a credit card gift on a regular monthly basis or a monthly automatic bank draft, please print out this form as well as the form that follows.*

AUTOMATIC BANK DRAFT

Now your gifts can be put to use sooner! This new donor service saves you time and provides us with the regular and predictable support we need each month. What's more, your automatic giving greatly reduces administrative costs, enabling us to pass the savings on to the children through expansion of our existing programs. Of course, we appreciate your support, however you choose to give.

To enroll, please return the form below to Childrens Village and Family Services Agency, P.O. Box 6564, Tyler, TX 75711-6564. Or fax to 903-592-7506 or scan to the email address: kathy.s@childrensvillageoftexas.org. For more information, call our office at 903-592-3421

Share Your Love Automatic Monthly Gift Plan

Plan A:

Yes, I want to give \$_____ each month to help the children.

I (we) hereby authorize Children's Village to initiate a charge to my (our) checking/savings account at the Financial Institution indicated below and if necessary initiate adjustments for any transactions debited in error. This authority will remain in effect until Children's Village is notified by me (us) in writing to cancel it in such time as to afford Children's Village and the Financial Institution a reasonable opportunity to act on it. *Enclosed is a copy of my canceled check to begin giving through automatic transfer.*

Name of Financial Institution Location (City, State)

Financial Institution's Routing Transit Number: _____.

Checking Account # _____ Or Savings Account # _____

Donor Name (Please Print) Date

Plan B:

I prefer to pay by credit card each month. Mastercard Visa

I authorize Children's Village to charge the following credit card in the amount of \$_____ each month.

Card Number: _____ Exp. Date: _____

Cardholder name: _____ 3 Digit Code on back: _____

Please make my automatic gift transactions on the 5th of each month or 20th of each month
To change or stop my support, I will write to Children's Village, P.O. Box 6564, Tyler, TX 75711-6564

Name : _____ Address: _____

City: _____ State: _____ Zip: _____

Signature (Required) : _____ Date: _____